

Idaho Industrial Commission
P.O. Box 83720
Boise, Idaho 83720-0041

Physical mail address:
317 Main Street
Boise, Idaho 83702

**Workers' Compensation Claims Involving Medical Payments Only
and Claims Involving Indemnity Payments Report**

Company Name and Address	FEIN:
	Reporting period:

MEDICAL ONLY CLAIMS (IC-2)

(A) Total number of **medical-only claims** on which payments were made during the reporting period: _____

(B) Total amount paid on **medical-only claims** during the reporting period: \$ _____

INDEMNITY CLAIMS (IC-327)

(C) Total number of **indemnity claims** on which payments (including any medical payments) were made during the reporting period: _____

(D) Total amount of **indemnity payments** (not including medical payments) during the reporting period: \$ _____

(E) Total amount of all **indemnity claims payments** (including medical payments on indemnity claims only.) \$ _____

Certification

State of _____ County of _____

I, _____, being duly sworn on oath, state that I have read the foregoing report which sets forth certain information relating to medical and indemnity payments made during the reporting period, that I know the contents, and that I certify the report is true and correct to the best of my knowledge.

Signature of Preparer _____ Print Name _____ Telephone _____

Email Address _____ Fax _____

SUBSCRIBED AND SWORN to before me on this _____ day of _____, _____

<p>The ISIF assessment billing should be sent to:</p> <p>Name: _____ <i>Please Print</i></p> <p>Title: _____</p> <p>Address: _____ _____ <i>City, State, Zip</i></p> <p>Phone: _____</p>	<p>_____</p> <p>Notary Public for</p> <p>_____</p> <p>My commission expires:</p> <p>_____</p>
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NOTE: Failure to file this form is a misdemeanor under Idaho Code §72-327. This form is to be submitted semi-annually with the Idaho Semi-Annual Workers' Compensation Premium Tax Report. IC-327 (rev. 1/8/2003)